

## Book reviews

### The Illusion of Psychotherapy

William M Epstein, London and New York, Transaction Publishers, 1995, 179 pages, £29.95.

As aficionados of *The Sting* will remember, con-merchants work as a team. After the victim has eventually been deprived of his or her money there is a final step, known in the business as "cooling the mark out". This consists of commiserating with the "mark", helping him to come to terms with his loss, thereby preventing his wish for revenge and rage from disrupting the delicate balance between conner and conned. The essential thesis of this rather disturbing book – whose author, appropriately enough, is Professor of Social Work at the University of Nevada in Las Vegas – is that the function of psychotherapy in our society is similar: "By producing the myths that reconcile the disadvantaged to their fate, the field [of psychotherapy] has become one of the principal apologists for contemporary society."

The book, which is essentially an extended and sometimes repetitious essay, has two main arguments. The first is that the evidence for the efficacy of psychotherapy is suspect, largely spurious, and based on poor science. The second is that this pseudoscientific legitimisation of psychotherapy serves a mainly ideological function, whose purpose is to divert attention away from the material needs of the casualties of Western society. "The many social costs of deprivation might more profitably be addressed by changing the noxious economic, political and physical environments that produce people who have given up on life. However, these sort of interventions require far greater expenditure than the relatively modest clinical cost of treating depressed patients." Let us consider each argument in turn.

Epstein homes in on the many difficulties and deficiencies of psychotherapy outcome research. He points out the artificiality of studies in which mildly anxious university students are treated in brief therapy by highly qualified therapists; that the attrition rate from psychotherapy outcome studies is often very high, and that deterioration as a result of psychotherapy is largely ignored in the literature. He points to the poor statistical methods of many studies, and emphasises the relatively small differences between treatment groups and controls when the latter are offered placebo therapy. He sees the conclusion, widely accepted within the profession, that psychotherapy is effective as a "mantra", as being without scientific foundation.

The trouble with this tack is that Epstein wildly overstates his case. There certainly are many methodological and ideological difficulties about psychotherapy outcome research, which several decades of effort have finally managed, at least in part, to overcome. However, there is no escaping the conclusion that there are now many well-validated primary or adjunctive psychotherapeutic treatments for psychiatric disorders: behaviour therapy for obsessive-compulsive disorder, cognitive therapy for mild-moderate depression, interpersonal therapy for bulimia, and family intervention in the prevention of relapse in schizophrenia. Epstein's response to the latter body of evidence is interesting in that he tries to dismiss it by saying that "family therapy in schizophrenia is not therapy at all" (because it contains a psychosocial educative element). In order to buttress his black-and-white argument, that "psychotherapy is ineffective and perhaps even routinely harmful", the author will admit not a shred of contradictory evidence.

Epstein's social argument is pre-Gramscian Marxist. He sees psychotherapy as an opiate, diverting

people away from the real sources of their deprivation and the measures needed to alleviate their misery. He is especially swingeing in his attack on family therapy, which he sees as even more "millennial, marginal and unresponsive to scientific standards of proof" than individual psychotherapy: "Family therapy provides the comforting notion that socialisation can be inexpensively purchased through restored families," as opposed to the increased child care provision, better schools etc, which are really needed.

Here the argument is not so much overstated as over-simplistic. It would certainly be a serious cause for concern if the provision of psychotherapy were at the expense of the social measures which he advocates. But the reality is far from the either/or case which he presents. First, Epstein ignores the ways in which the impact of the social environment on individual experience is mediated via the family and psychological structures. He collapses the whole of psychology into sociology. It is entirely possible to be given a clean, hopeful, safe environment, and still to feel bad about oneself. Low esteem, recovery from trauma, inwardly turned rage and hatred, a deficient sense of one's personal freedom and autonomy, difficulties in forming intimate relationships need to be tackled in their own right as well as at the social level. European, as opposed to North American experience suggests that, so far from psychotherapy and social improvement being alternatives, a society with progressive social policies is also likely to recognise the need to offer its citizens psychological help as well.

Despite these weaknesses, this book presents a considerable challenge to supporters of psychotherapy, especially to those, like the reviewer, whose interests seem to have moved from social activism to psychotherapy as their age and bank balances have increased. Perhaps in our enthusiasm for psychotherapy, and the wish to

present it in the best possible light to critics within the scientific community we have tended to downplay some uncomfortable findings, especially the relative inefficacy of brief treatments for seriously disturbed patients, and the comparative success of supportive psychotherapy (as opposed to the formal model-based therapies with which most psychotherapists are identified) with these people. Perhaps we should learn from the finding that the relatively more fortunate (the "YAVIS" – young, attractive, verbal, intelligent, successful – patients) tend to do best in psychotherapy, and wonder if that is not because they generally do not suffer from social deprivation, so that, once psychological difficulties are overcome, an environment is available in which they can flourish. Perhaps we should place much greater emphasis on the need for *simultaneous* psychological and social care, if inequity and unhappiness in our society are to diminish. Perhaps we should argue much more strongly for long-term therapies if enduring change is to come about. Perhaps, finally, we should temper our enthusiasm with realism (as did Freud) and agree at least with one of Epstein's many cogent, if unmodulated, points that: "Therapy, especially in its weak form of some 10–15 hours of discussion with a therapist, may have greatly exaggerated the degree to which human behaviour is amenable to change."

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## Rethinking Life and Death. The Collapse of Our Traditional Ethics

Peter Singer, Oxford, Oxford  
University Press, 1995, 256 pages,  
£7.99.

In *Rethinking Life and Death*, Peter Singer invites practitioners to bring their moral thinking up to date with what they know and believe about the world and the position of men and women in it. This well-written book falls into three parts. The first two parts argue for a different understanding and definition of death by putting life into context. In the final part Singer abandons gentle persuasion and casts out the five threads which support the principle of the sanctity of

life. In their place he proposes five new commandments (not this time to be written in stone) whereby issues of the prolongation and curtailment of life and death can be decided in terms of the quality of life.

Proceeding by reference to decided law cases, Singer tracks the changes in the medical definition of death. He makes no secret of the fact that medicine has had a vested interest in death being defined at a stage when vital organs are still warm and available for transplant. Brain stem death is earlier than the death of the whole body. In this book he argues that the failure of the cortex is a more logical time for death to be found. He accepts that emotionally, many doctors and health practitioners are not ready to come to this conclusion because some bodily functions can continue. Using our attitude to animals as an example, he points out the incoherence of this position. He charges us not with compassion but with inconsistency, which, he says, results from our attachment to inappropriate and old-fashioned ideas about the importance of human beings relative to other living things.

Medicine, law and society generally are so bound up in a religious and cultural account of the sanctity of an individual's life that decisions to terminate life or no longer to prolong life must be made in the interests of that individual. Doctors are forced to treat patients even though there is no possibility of cure, enjoyment or in some cases, consciousness. Other conclusions are not admissible. Singer cites the Tony Bland case as an example of a change in attitude. The court acknowledged that the continuance of treatment could bring no benefit to the patient or anybody else. Singer suggests that there is a discrepancy between what we believe ought to happen for the good of the patient and medical and legal conventions which embody the ethic of the sanctity of life. Singer believes that our moral beliefs have changed and that the quality of life is now much more important to us. He advocates that we should behave in a way which is consistent with this new ethic and finally discard the trappings of an outdated ethic. Holding on to it makes decisions about life and death impossible for both doctors and lawyers. The results are haphazard and inconsistent.

Singer, pushing us slightly further towards an ethic of quality of life, argues that death should be established when the cortex is ineffective

rather than the brain stem. If this happened Singer states that there would be cases where a warm, pulsating body would be diagnosed as dead. Socially and culturally Singer realises that we are not ready to bury such bodies. At this point the first part ends. Singer has argued that sanctity of life is not a sensible guideline compared to the quality of life. He leaves us complacent in the thought that we cannot "kill" persons who are still breathing.

In the second part of the book, Singer gives examples of how easily doctors have been able to "kill" animals in order to experiment with putting their organs into humans. He argues that our belief that human beings are the only important animals on earth is a throwback to ancient times when it was thought that everything not only revolved around the earth but around humankind. Science and modern social knowledge have established that this is not the case. Genetically, humans are less different from a chimpanzee than a chimpanzee is from a gorilla. Singer argues that any logical definition of "person" could not include human beings without also including chimpanzees, baboons and many other animals.

By showing our willingness to kill animals and then equating animals to human beings, both being persons, Singer seeks to undermine the last vestiges of our resistance to quality of life being used as a marker for life and death.

He is ready now to put forward his five new commandments. Not so definite and clear cut as the old ones, they oblige moral agents to make coherent decisions and having made them to stick by them. Practitioners making decisions in Singer's Brave New World would have more flexibility and freedom to do what they think is in the patient's best interests. They would not be constrained by what Singer thinks are outdated principles, namely, the absolute sanctity of human life, total anthropocentricity and the relative disregard of the sanctity of all other life forms. More freedom, of course demands a much more rigorous examination of every case and having made a decision, each agent would be wholly morally responsible for its consequences. Singer's new ethic is not an easy one.

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